

WOODVILLE MUNICIPAL COURT

400 West Bluff * Woodville, TX * 75979

Phone: (409) 283-3255

website at www.woodville-tx.gov/municipalcourt

Fax: (409) 283-8412

JUDGE JUDITH HANEY* Email: court@woodville-tx.gov

24 Hour Drive-thru Drop Box

This form is provided as a courtesy by the Woodville Municipal Court to assist with the disposition of charges filed against you. PLEASE READ IN ITS ENTIRETY BEFORE CONTACTING THE COURT, ALLOW 24 HOURS BEFORE CONTACTING THE COURT IN ORDER FOR YOUR CITATION TO BE PROPERLY FILED.

COVID-19 NOTICE- Please contact the court to make other arrangements for a hearing if you are over age 65 or have serious underlying health conditions, such as high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems are compromised by treatments for cancer, transplant, or by use of immunosuppressants.

The **ONLY** time you must appear in person is if you are:

- a **JUVENILE** under 17 years of age, you must appear in person with a parent or guardian, or furnish proof of marriage.
- charged with **ASSAULT FAMILY VIOLENCE**.
- or for **TRIAL**.

Juveniles and those charged with Assault Family Violence should contact the court for a hearing date.

Everything else can be handled via phone, mail, email, drive-thru drop box or remote hearing via Zoom. All options for disposing of your citation are presented on this form, if you have questions about any of these options, please call or email the court before your appearance date.

Or Scan here for more information.



On a smartphone, simply open your camera app and aim at the code. Once prompted, click on "open" to visit our website.

If you are pleading NOT GUILTY, complete this form and return it to the court **ON or BEFORE** your appearance date. You will be notified by U.S. postal service mail of your court date. It is **YOUR** responsibility to keep the court apprised of your current mailing address.

If you are pleading GUILTY or NOLO CONTENDERE (No Contest), complete this form and return it to the court **ON or BEFORE** your appearance date.

FOR DISMISSAL OPTIONS PLEASE SEE REVERSE SIDE OF THIS FORM.

MAIL APPEARANCE FORM (PLEASE CHECK THE APPROPRIATE RESPONSES)

_____ I hereby enter a plea of NOT GUILTY. _____ I would like a jury trial. _____ I waive my right to a jury trial and request a trial by judge.

I hereby enter a plea of _____ GUILTY or _____ NOLO CONTENDERE (NO CONTEST) and waive my right to jury trial.

_____ Money order or cashier's check for the full fine amount is enclosed. **PERSONAL CHECKS ARE NOT ACCEPTED.**
(Please enclose a self-addressed stamped envelope if you would like a receipt sent to you)

_____ I request a 30 day extension in which to pay my citation in full.
(any balance remaining after 30 days will accrue a \$15 time payment fee)

_____ I would like to set up a payment plan and understand that a \$15 fee will be added, please contact me at the number below.

_____ I cannot pay my fine without undue hardship, I request an indigency hearing before the judge to seek non-monetary compliance options.

_____ I would like to speak with the Judge regarding my case, please set a hearing date.

DATE

SIGNATURE

CITATION #

CURRENT
MAILING
ADDRESS:

Phone: (____) _____

Email: _____

Money orders or cashier's checks made payable to Woodville Municipal Court.

Payment can also be made via credit card at www.trafficpayment.com or by calling 1-800-444-1187.

For fine amounts, please contact the court at 409-283-3255 or log on to www.trafficpayment.com.

Please include your citation number on all correspondence to insure that it is correctly applied.

If qualified, you may request the privilege of taking a driving safety course to dismiss a moving violation citation.

Please read the following directions carefully and contact the court with any questions.

DRIVING SAFETY COURSE QUALIFICATIONS

1. You enter a NOLO CONTENDERE (NO CONTEST) or GUILTY plea to the moving violation.
2. Certify and affirm by signing below that you have not taken a driving safety course within the past 12 months and are not currently taking a driving safety course.
3. You must have a valid Texas driver's license and provide proof of current vehicle insurance.
4. You must provide a copy of your TX Dept. of Public Safety driving record (www.texas.gov) Type 3A
5. Your citation is not for speeding in excess of 24 MPH of the posted speed limit or more than 95 MPH.
6. You are not a CDL holder.
7. You are NOT an OUT OF STATE resident. (You must be a Texas resident, unless active duty military)

DRIVING SAFETY COURSE REQUEST AND AFFIDAVIT

I hereby enter a plea of ____ Nolo Contendere (No Contest) ____ Guilty and waive my right to trial. I request the right to take a driving safety course approved by the Texas Department of Licensing and Regulation. I certify that I have not taken a driving safety course within the past 12 months nor am I currently taking one. I understand that I must submit this request along with a copy of my current vehicle insurance, a copy of my Texas driving record, and a money order or cashier's check for \$144.00 (or \$169.00 for school zone violations) by my appearance date or else request a 30 day extension in order to complete this step. I understand that I must take the driving safety course and submit the signed, court copy of my completion certificate within 90 days of approval in order to have this citation dismissed. If I choose not to complete the driving safety course, I will notify the court of this decision otherwise a Show Cause Notice will be issued and I will be required to appear in court.

____ I have enclosed all necessary paperwork and payment ____ I need a 30 day extension (retain a copy of this form to send later)

PERSONAL CHECKS ARE NOT ACCEPTED

DO NOT COMPLETE THE DRIVING SAFETY COURSE UNTIL THE COURT HAS GRANTED YOU PERMISSION TO DO SO.

| DATE | SIGNATURE | CITATION # | TEXAS DL # |
|---|-----------|-----------------------------------|------------|
| CURRENT _____ MAILING _____ ADDRESS _____ | | Phone (____) _____ Email _____ | |

Acceptable course providers can be found here: www.tdlr.texas.gov/DESSearch

Look for: Driving Safety-Defensive Driving

REQUEST FOR DEFERRED DISPOSITION

I hereby enter a plea of ____ Nolo Contendere (No Contest) ____ Guilty, waive my right to trial, and request a deferred disposition. I certify that I have not been granted a deferred disposition by this court for this same type of violation within the past 3 years. I certify that I am NOT a CDL holder nor was I a CDL holder at the time of my citation. I also certify that I was not cited for a moving violation in a construction work zone with workers present. I have enclosed a money order or cashier's check for the amount of court costs and will pay the remaining special expense fine by the end of my deferral period. I will also submit a signed and notarized affidavit at the end of my deferral period.

| DATE | SIGNATURE | CITATION # |
|---|-----------|-----------------------------------|
| CURRENT _____ MAILING _____ ADDRESS _____ | | Phone (____) _____ Email _____ |

PERSONAL CHECKS ARE NOT ACCEPTED

DEFERRED CONDITIONS

Speeding 24MPH or less

90 day deferral period
Court Costs: \$134.00
In School Zone (\$159.00)
Special Expense Fine: \$200
No further offenses
(If under 25 years of age, must take a driver safety course) period

Speeding 25-30 MPH over

180 day deferral period
Court Costs: \$134.00
In School Zone (\$159.00)
Special Expense Fine: \$200
No further offenses

***Other Moving Violations**

90 day deferral period
Court Costs: \$134.00
Special Expense Fine: \$200
No further offenses
* Subject to Judicial Discretion

No Insurance

180 day deferral period
Court Costs: \$81.00
Special Expense Fine: \$350
No further offenses
Submit proof of ins. for entire